BROWARD COLLEGE
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INTENT TO DESTROY STORED RECORDS I.T.D.

Department of Material Services, Records Management • Central Campus

TO:

FROM:

DATE:

THE DEPARTMENTAL RECOMMENDED RETENTION PERIOD ON THE LABELS OF THE FOLLOWING RECORDS HAS NOW EXPIRED.

LOCATION	SCHEDULE/ITEM	TITLE/DESCRIPTION	DATES

UNDER GUIDELINES ISSUED FROM THE COLLEGE HISTORIAN, ALL HISTORICAL DOCUMENTS SHOULD HAVE BEEN REMOVED AND/OR COPIES MADE PRIOR TO SENDING THIS MATERIAL TO STORAGE. IF THIS WAS NOT ACCOMPLISHED, AND/OR IF YOU HAVE REASON TO FEEL THERE STILL REMAINS HISTORICAL DOCUMENTS IN THESE CARTONS, PLEASE REVIEW AND REMOVE THE APPROPRIATE DOCUMENTS PRIOR TO AUTHORIZING THEIR DESTRUCTION.

IF THE DESTRUCTION OF THIS MATERIAL MEETS WITH YOUR APPROVAL, PLEASE SIGN THE CERTIFICATION BELOW, AND RETURN TO THIS OFFICE BY _____. ONCE WE HAVE YOUR APPROVAL, PERMISSION TO DESTROY THESE RECORDS WILL BE REQUESTED FROM THE DIVISION OF ARCHIVES, HISTORY, AND RECORDS MANAGEMENT, DEPARTMENT OF STATE, TALLAHASSEE, FLORIDA.

THIS IS TO CERTIFY THAT I KNOW OF NO LEGAL OR ANY OTHER ACTION PENDING THAT WOULD REQUIRE THE FURTHER RETENTION OF THE ABOVE DOCUMENTS AND THEREFORE YOU ARE AUTHORIZED TO PROCEED WITH THEIR SCHEDULED DESTRUCTION.

SIGNATURE TITLE DATE

PLEASE KEEP DUPLICATE COPY FOR YOUR FILES

RETURN ORIGINAL TO RECORDS MANAGEMENT

INTENT TO DESTROY STORED RECORDS

PAGE _____ OF _____

DATE:

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RETURN ORIGINAL TO RECORDS MANAGEMENT